| FORM <b>CD-525</b><br>(REV. 06-98) LF   |  |                            | U.S. DEPARTMENT OF COMMERCE  |                                |                             | FOR AGENCY USE ONLY |                              |        |                |  |
|---|--|----------------------------|------------------------------|--------------------------------|-----------------------------|---------------------|------------------------------|--------|----------------|--|
| ,   |  | EN                         | MPLOYEE AD                   | DRESS                          |                             |                     | ACTION CODE                  | AGENCY | EFFECTIVE DATE |  |
| 1. NAME (Last, First, Middle)  2. S   |  |                            |                              |                                |                             |                     | OCIAL SECURITY NUMBER        |        |                |  |
| CURRENT<br>RESIDENCE<br>ADDRESS   | 3. FIRST LINE STREET ADDRESS   |                            |                              | 4. SECOND LINE STREET ADDRESS  |                             |                     | 5. THIRD LINE STREET ADDRESS |        |                |  |
|   | 6.   | CITY NAME                  | 7. CITY CODE<br>(Agency Use) | 8. COUNTY CODE<br>(Agency Use) | 9. STATE OR COUNTRY<br>NAME |                     | 10. STATE OR<br>CODE (Age    |        | 11. ZIP CODE   |  |
| U.S.  | 12. IF YOU HAVE BONDS, DO YOU WISH THEM TO BE MAILED TO THIS SAME ADDRESS?                               |                            |                              |                                |                             |                     |                              |        |                |  |
| SAVINGS   | IF MORE THAN 1 BOND, DO YOU WISH TO CHANGE THE ADDRESS ON ALL?   |                            |                              |                                |                             |                     |                              |        |                |  |
| BONDS<br>ADDRESS  | IF THE CHANGE IS FOR SELECTED BONDS ONLY, PLEASE PROVIDE INFORMATION FOR THE BOND(S) YOU WISH TO CHANGE. |                            |                              |                                |                             |                     |                              |        |                |  |
| CHANGE  |  | BOND OWNER: BENEFICIARY/CO |                              |                                |                             |                     | WNER:                        |        |                |  |
| ONLY  |  |                            | AMOUNT OF BOND:              |                                |                             |                     |                              |        |                |  |
| 13. SIGNATURE OF EMPLOYEE   |  |                            |                              |                                |                             |                     | 14. DATE SIGNED              |        |                |  |
|   |  |                            |                              |                                |                             |                     |                              |        |                |  |
| PRIVACY ACT NOTICE  |  |                            |                              |                                |                             |                     |                              |        |                |  |
| General: This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974, for individuals completing Form CD-525.  Authority: 5 USC 301   |  |                            |                              |                                |                             |                     |                              |        |                |  |
| Purpose and Uses: This form is used to obtain an employee's home address and check mailing address.  Information Regarding Disclosure of Your Social Security Number Under Public Law 93-579 Section 7(b) (Privacy Act of 1974): Disclosure by you of your Social Security Number |  |                            |                              |                                |                             |                     |                              |        |                |  |

Information Regarding Disclosure of Your Social Security Number Under Public Law 93-579 Section 7(b) (Privacy Act of 1974): Disclosure by you of your Social Security Number (SSN) is mandatory to obtain the services, benefits, or processes that you are seeking. Solicitation of the SSN by the U.S. Department of Commerce is authorized under provisions of Executive Order 9397, dated November 22, 1943. The SSN is used as an identifier throughout your Federal career from the time of application through retirement. It will be used primarily to identify your records that you file with the U.S. Department of Commerce. The SSN also will be used by the U.S. Department of Commerce and other Fedral Agencies in connection with lawful requests for information about you from your former employers, educational institutions, and financial or other organizations. The information gathered through the use of the number will be used only as necessary in personnel administration processes carried out in accordance with established regulations and pulsihed notices of systems of the large number of present and former Federal employees and applicants who have identical names and birth dates, and whose identities can only be distinguished by the SSN.